

ENTER FILE NO. FROM LETTER 111.0180

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
LOS ANGELES REGION

CHEMICAL STORAGE AND USE QUESTIONNAIRE

I. COMPANY NAME: Allied-Signal Aerospace Co.-Electrodynamics Division

II. FACILITY ADDRESS: 11600 Sherman Way North Hollywood, CA 91605

III. FACILITY INFORMATION

A. STANDARD INDUSTRIAL CLASSIFICATION CODE(SIC): 3728

B. GENERATOR NUMBER(EPA/STATE): CAD 008325334

C. BRIEF DESCRIPTION OF OPERATIONS: Manufacture of hydraulic actuators.

D. SEWER SYSTEM: INDUSTRIAL X MUNICIPAL _____ Note: Clarifiers
SEPTIC TANK _____ CESS POOL _____

WAS A DIFFERENT SEWER SYSTEM USED IN THE PAST? _____ YES X NO

IF YES SPECIFY TYPE _____ DATE CONVERTED _____

E. FACILITY OWNER Allied-Signal, Inc

F. HISTORY: DATE OPERATIONS BEGAN: 1939

PRIOR OWNERS: None

IV. CHEMICAL STORAGE AND USE AT THE SITE. Complete sections A-G(page 2) for all chemicals in current use or that have been used in the past, use additional sheets if necessary.

A. CHEMICAL NAME: 1,1 Trichloroethane B. COMMON/TRADE NAME: Methylchloroform
C. METHOD OF STORAGE: UNDERGROUND TANK ABOVE GROUND TANK X
BARRELS X OTHER(specify)
D. QUANTITY STORED: 800 Gallons
E. WASTE DISPOSAL METHOD: SEWERED HAULED X ONSITE DISPOSAL
off site disposal
F. IS THE WASTE TREATED PRIOR TO DISPOSAL: YES NO X
If yes, method of treatment:
G. IS THE WASTE STORED PRIOR TO DISPOSAL: YES X NO

* A. CHEMICAL NAME: Chromic Acid B. COMMON/TRADE NAME: Same
C. METHOD OF STORAGE: UNDERGROUND TANK ABOVE GROUND TANK X
BARRELS X OTHER(specify)
D. QUANTITY STORED: 1900 Gallons
E. WASTE DISPOSAL METHOD: SEWERED HAULED X ONSITE DISPOSAL
off site disposal
F. IS THE WASTE TREATED PRIOR TO DISPOSAL: YES NO X
If yes, method of treatment:
G. IS THE WASTE STORED PRIOR TO DISPOSAL: YES X NO

*Above ground tank storage-plating tanks

A. CHEMICAL NAME: Heptane B. COMMON/TRADE NAME: Same
C. METHOD OF STORAGE: UNDERGROUND TANK ABOVE GROUND TANK
BARRELS X OTHER(specify) Safety cans
D. QUANTITY STORED: 330 Gallons
E. WASTE DISPOSAL METHOD: SEWERED HAULED X ONSITE DISPOSAL
off site disposal
F. IS THE WASTE TREATED PRIOR TO DISPOSAL: YES NO X
If yes, method of treatment:
G. IS THE WASTE STORED PRIOR TO DISPOSAL: YES X NO

Dibutyl Phenyl Phosphate

- A. CHEMICAL NAME: Tributyl Phosphate B. COMMON/TRADE NAME: Skydrol Hydraulic Fluid
- C. METHOD OF STORAGE: UNDERGROUND TANK___ ABOVE GROUND TANK___
BARRELS X OTHER(specify)_____
- D. QUANTITY STORED: 440 Gallons
- E. WASTE DISPOSAL METHOD: SEWERED___ HAULED X ONSITE DISPOSAL___
Off site disposal
- F. IS THE WASTE TREATED PRIOR TO DISPOSAL: YES___ NO X
If yes, method of treatment:_____
- G. IS THE WASTE STORED PRIOR TO DISPOSAL: YES X NO___

- A. CHEMICAL NAME: Hydraulic Fluid B. COMMON/TRADE NAME: Red Oil 2190
- C. METHOD OF STORAGE: UNDERGROUND TANK___ ABOVE GROUND TANK___
BARRELS X OTHER(specify)_____
- D. QUANTITY STORED: 440 Gallons
- E. WASTE DISPOSAL METHOD: SEWERED___ HAULED X ONSITE DISPOSAL___
Off site disposal
- F. IS THE WASTE TREATED PRIOR TO DISPOSAL: YES___ NO X
If yes, method of treatment:_____
- G. IS THE WASTE STORED PRIOR TO DISPOSAL: YES X NO___

- A. CHEMICAL NAME: Acetone B. COMMON/TRADE NAME: Same
- C. METHOD OF STORAGE: UNDERGROUND TANK___ ABOVE GROUND TANK___
BARRELS X OTHER(specify)_____
- D. QUANTITY STORED: 165 Gallons
- E. WASTE DISPOSAL METHOD: SEWERED___ HAULED X ONSITE DISPOSAL___
Off site disposal
- F. IS THE WASTE TREATED PRIOR TO DISPOSAL: YES___ NO X
If yes, method of treatment:_____
- G. IS THE WASTE STORED PRIOR TO DISPOSAL: YES X NO___

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A. CHEMICAL NAME: Cadmium B. COMMON/TRADE NAME: Cadmium plating
C. METHOD OF STORAGE: UNDERGROUND TANK ABOVE GROUND TANK X
BARRELS X OTHER(specify)
D. QUANTITY STORED: 1120 Gallons
E. WASTE DISPOSAL METHOD: SEWERED HAULED X ONSITE DISPOSAL
Off site disposal
F. IS THE WASTE TREATED PRIOR TO DISPOSAL: YES NO X
If yes, method of treatment:
G. IS THE WASTE STORED PRIOR TO DISPOSAL: YES X NO

**Cadmium Cyanide plating tank solution

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A. CHEMICAL NAME: Sulfuric Acid B. COMMON/TRADE NAME: Sulfuric Acid
C. METHOD OF STORAGE: UNDERGROUND TANK ABOVE GROUND TANK X
BARRELS OTHER(specify) Acid Carboys
D. QUANTITY STORED: 1200 Gallons
E. WASTE DISPOSAL METHOD: SEWERED HAULED X ONSITE DISPOSAL
Off site disposal
F. IS THE WASTE TREATED PRIOR TO DISPOSAL: YES NO X
If yes, method of treatment:
G. IS THE WASTE STORED PRIOR TO DISPOSAL: YES X NO

*Above ground tank storage-plating tank

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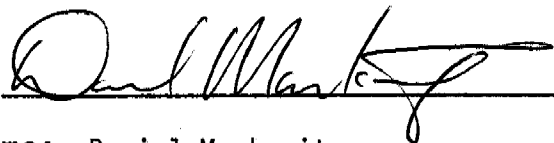
A. CHEMICAL NAME: Copper B. COMMON/TRADE NAME: Copper Plating
C. METHOD OF STORAGE: UNDERGROUND TANK ABOVE GROUND TANK X
BARRELS OTHER(specify)
D. QUANTITY STORED: 350 Gallons
E. WASTE DISPOSAL METHOD: SEWERED HAULED X ONSITE DISPOSAL
Off site disposal
F. IS THE WASTE TREATED PRIOR TO DISPOSAL: YES NO X
If yes, method of treatment:
G. IS THE WASTE STORED PRIOR TO DISPOSAL: YES X NO

*Above ground tank storage-plating tank

V. THIS QUESTIONNAIRE SHALL BE SIGNED BELOW AS FOLLOWS:

- A. In the case of corporations, by a principal executive officer at the level of vice-president or his duly authorized representative if such representative is responsible for the overall operation of the facility, or
- B. In the case of a partnership, by a general partner, or
- C. In the case of a sole proprietorship, by the proprietor, or
- D. In the case of a municipal, State, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee.

This questionnaire has been completed under penalty of perjury and, to the best of my knowledge, is true and correct.

Signature: 

Date: 10/8/90

Printed Name: Daniel Markowitz

Title: Plant Manager

Phone: (818)503-3445

Contact Name: Nancy Girten

Title: Sr. Environmental Engineer

Phone: (818)503-3214

FILE REVIEW REQUEST

I. TO BE FILLED OUT BY PERSON WHO RECEIVES THE FILE REVIEW REQUEST

Request received by: _____ Date request made: 9-26-89Person(s) who wish
to review file(s)

Phone number

Representing

PHILIP NOVELLY(818) 577-1020BROWN AND CALDWELL

Purpose (if stated. Try to get, but if refuses to give, put "won't say"):

Research facilities in Burbank area for groundwater quality info.

Files desired to be reviewed (name, number):

Bendix-Electrodynamics Div. 104.0180

Appointment Requested For:

Recommended staff
contact (proctor) _____

Date

9-26-89

Time

1:30Assistant Executive Officer
Approval & Date: _____

II. TO BE FILLED OUT BY STAFF CONTACT AFTER FINAL APPOINTMENT

Appointment Final

Date & Time: _____

Staff Contact Was _____

Staff time expended: _____

Noted by Supervisor _____

III. TO BE FILLED OUT BY STAFF CONTACT WHENEVER IN-HOUSE COPIES ARE REQUESTED

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